

DO NOT STAPLE
IN BAR AREA



MEDICAL REVIEW SECTION
COORDINATION OF MEDICARE BENEFITS
MAIL STOP 45510

GROSS ADJUSTMENTS

PROVIDER NUMBER: _____

CATEGORY OF SERVICE: _____

MMIS ACCOUNT CODE: _____

PROGRAM CODE: _____

DATES OF SERVICE: _____ to _____

STATE ACCOUNT CODE:

PIC CODE: _____ - _____ - _____

RECIPIENT COUNTY: _____

AMOUNT DUE PROVIDER: \$ _____

AMOUNT DUE STATE: \$ _____

ADJUSTMENT REASON: _____

OVERRIDE LOCATION: 0 3

CASH CONTROL NUMBER: _____ - _____

CARRIER CODE: _____

TYPE OF INSURANCE: _____

THIRD PARTY: \$ _____

EOB: _____ - _____

- A = Audit
- B = Rate Change
- C = Cost Settlement
- D = Third Party Recovery by Provider
- E = Claim Error
- F = Retroactive Eligibility
- G = Third Party Recovery by State
- H = Correct Credit Balance Report
- I = TPR Adjustment Effecting Provider Payments
- J = Walk Through

MRS

SIGNATURE

DATE